Los Angel () County Sheriff's Pepartment Supervisor's Report on Use of Force

Page 1 of 4

Incident Information URN: 0 1 8 -02/18/18 0 3 3 4 8 - 1 1 3 5 Date: Time: 0 5 3 2324 Hrs. Location: East Avenue H-6 City or Station Lancaster North Patrol Division / Lancaster Station O YES
NO Bureau/Station/Facility: Admin. Investigation: Type of Force: Control Hold / Team Takedown / Resistive Handcuffing (NO Incident Category: $\bigcirc 1$ ()2 (•) 3 Deputy Injury: **OYES** Suspect Injury ● YES ○ NO Call Observation Detail Foot Pursuit Vehicle Pursuit IAB Roll Out IAB Notified: YES NO Person Notified: Lt. Minh Dinh YES O NO Emp: Involved Employee Last Name First Name Middle I. DSG Devoe Jim Sex: Weight: Race: Height: Age: Shift ● EM ○ Day ○ PM Regular Shift OT Shift Off Duty ● M ○ F W 5'09" 200 Unit of Assignment: Work Assignment (Unit #, Module, etc.): Lancaster Station 112D Individual Force Used: Individual Category Directed Rescue Medical Assist (•)3 Control Hold / Team Takedown / Resistive Handcuffing $\bigcirc 1 \bigcirc 2$ Coroner Case # Injured Treated Admitted Facility: Last Name First Name Middle I Rank DSG E^2 Weight: Race: Height: Shift: Regular Shift OT Shift Off Duty • м н 5'09" 190 Unit of Assignment: Work Assignment (Unit #, Module, etc.): Lancaster Station 112T2 Individual Force Used: Individual Category Directed (Rescue (Medical Assist Control Hold / Team Takedown / Resistive Handcuffing ○ 1 ()2 ()3 Coroner Case # Injured Treated Admitted Facility: Last Name Middle I First Name Rank DSG **E**3 Weight: Shift: Race Height: Regular Shift () OT Shift () Off Duty ● EM Day PM W 5'07" 150 Work Assignment (Unit #, Module, etc.): Unit of Assignment: 111 Lancaster Station Individual Category Individual Force Used: Directed (Rescue (Medical Assist Control Holds $\bigcirc 1$ 2 ()3 Coroner Case # Injured Treated Admitted Facility: Additional involved Employees On Duty Supervisor Middle I. Rank Witness to Incident Present Last Name First Name Goedecke Jason Sgt. M. YES (NO YES (NO) Supervisor Completing Investigation Rank Present Witness to Incident Last Name Middle NMI Castillo Maricela Sgt. YES () NO (YES O NO . atch Commander / Supervising Lieutenant Middle I. Last Name First Name Dinh Minh Watch Commander / Superdeing Lieutenant's Signature: Copy Provided to Employee by: Emp #: Unit Commander (Print Name) Unit Commander's Signature: Date DISCOVERY Use Only Original: Discovery Unit PPI REVIEW COMPLETED FO#

Copy: Unit Commander

SH-R-436P (Rev. 01/13)

St_ervisor's Report on Use of F_ce SUSPECT INFORMATION

0 1 8 - 0 3 3 4 8 - 1 1 3 5 - 0 5 3

Page 2 of 4

		Suspect Information							
1	Last Name Clutter	First Name Michail	Middle Name NMI	Armed? Select Not Armed					
	AKA Last Name	First N		Middle Name					
	Sex: Race: Ag		0.0.B: Phone #1: O H O W	/ O C Phone #2: O H O W O C N/A					
	Street Address:	C-170° A ()	City:	State & Zin Code					
	Booking #: 5236845 Primary	Charge Code: 245(A)(Secondary Charge Code:	597(C)PC Criminal History					
١	Treated on Scene? YES NO								
١	Hospital Admission? Rec'd Treats			Mantal History User's guide provides					
	By: Dr. Travis Deuson		enue J, Lancaster, CA 9353	- Streetion on this antry					
	Under Influence: YES NO	Substance: Alcohol	5150 a factor in	force? YES NO User's guide provides direction on this entry					
	Date: 02/19/2018 Time: 0500		Videotape: Photos of Inj	juries: ADMITS HEARING ANNOUNCEMENTS					
	Last Name	First Name	ct Information Middle Name	Armed? Select					
	AKA Last Name	First N	ame	Middle Name					
	Sex: Race: As	e: Height: D.O.B.	Weight: Phone #1: O H O V	V () C Phone #2: () H () W () C					
- 1	Street Address:		City:	State & Zip Code:					
	Booking #: Primary	Charge Code:	Secondary Charge Code:	Criminal History					
Ì	Treated on Scene? YES NO	Ву:	Unit:	Phone #:					
1	Hospital Admission? Rec'd Treats By:	nent At:	Coroner Case #:	Mental History User's guide provides direction on this entry					
	Under Influence: YES NO	Substance:	5150 a factor in	force? YES NO User's guide provides direction on this entry					
	Date: Time:	Audiotape:		juries: ADMITS HEARING ANNOUNCEMENTS					
	Last Name	First Name	Information Middle Name	Armed? Select					
=	AKA Last Name	First N	ame	Middle Name					
	Sex: Race: Ac	e: Height: D.O.B.	Weight: Phone #1: O H O V	V O C Phone #2: O H O W O C					
	Street Address:	•	City:	State & Zlp Code:					
	Booking #: Primary	Charge Code:	Secondary Charge Code:	Criminal History					
	Treated on Scene? YES NO	Ву:	Unit:	Phone #:					
	Hospital Admission? Rec'd Treat	nent At:Address:	Coroner Case #:	Mental History User's guide provides direction on this entry					
	Under Influence: YES NO	Substance:	5150 a factor in	force? YES NO User's guide provides direction on this entry					
	Date: Time:	Audiotape:	Videotape: Photos of In	juries: ADMITS HEARING ANNOUNCEMENTS					
	SH-R-438P (Rev. 01/13)			Additional Suspects Involved					

Scervisor's Report on Use of Face EMPLOYEE / NON-EMPLOYEE INFORMATION

0 1 8 - 0 3 3 4 8 - 1 1 3 5 - 0 5 3

Page 3 of 4

				Employee Witnesse	es			
Emp. # 525751	Last Name	Goede	cke	First Name	Jason	Middle N	Name	
Unit of Assignment:	•	Work /	Assignment (Ur	nit #, Module, etc.):	Shift:			
Lancaster			11	08	● EM ○ D			OT Off Duty
Emp. #	Last Name			First Name		Middle N	lame	
Unit of Assignment:		Work A	Assignment (Ur	nit #, Module, etc.):	Shift:	y OPM OR	egular 🔘	OT Off Duty
Emp. #	Last Name			First Name		Middle N		
Unit of Assignment:		Work A	Assignment (Ur	nit #, Module, etc.):	Shift:	av OPM OP	equipr (OT Off Duty
				lon-Employee Witnes	sses	or Orm		
Last Name			First Name	20.7	Middle Name		Age 39	D,O,B,
Street Address				City	Zip C	ode Phone	¥1 <u></u>	Phone #2
Last Name			First Name		Middle Name	-	Age	D,O,B,
Street Address				City	Zip C	ode Phone #) (1 F	hone #2
Last Name			First Name		Middle Name		Age	D.O.B.
Street Address				City	Zip Co	ode Phone #		hone #2
Last Name			First Name		Middle Name		Age	D,O.B.
Street Address			-	City	Zip Co	ode Phone #	1 P	hone #2
Last Name		1	First Name	•••	Middle Name		Age	D.O.B.
Street Address				City	Zip Co	Phone #	i P	hone #2
Last Name			First Name		Middle Name		Age	D.O.B.
Street Address				City	Zip Co	Phone #	11 P	hone #2
Last Name		1	First Name		Middle Name		Age	D.O.B.
Street Address				City	Zip Co	Phone #	1 P	hone #2
Last Name	*	ş	irst Name		Middle Name		Age	D.O.B.
Street Address				City	Zip Co	ode Phone #	1 P	hone #2
Last Name	•	F	irst Name		Middle Name		Age	D,O,B.
Street Address				City	Zip Co	ode Phone #	1 P	hone #2
							Additi	onal Witness

Sc ervisor's Report on Use of F ce

Page 4 of 4

Method

(AW)	Arwen	(FH)	Firearm (Handgun)	(PO)	Personal Weapon (Other)
(BC)	Baton: (Control)	(FR)	Firearm (Rifle)	(RS)	Resistance
(BI)	Baton: (Impact)	(FS)	Firearm (Shotgun)	(RO)	Restraint Device (Other)
(BF)	Bodily Fluids	(FO)	Firearm (Other)	(RH)	Restraint Device (Handcuffs)
(CN)		(FB)	Flashbang	(HB)	Restraint Device: Hobble (Legs Only)
(CR)	Carotid Restraint	(FL)	Flashlight	(TP)	Restraint Device: Hobble (TARP)
(CH)	Choke Hold	(OE)	Other Weapon: Edged	(RE)	Restraint Device: REACT Belt
	Control Holds: (Control Techniques)	(OV)	Other Weapon: Vehicle	(SP)	Sap
(TT)	Control Holds: (Team Takedown)	(OB)	Other Weapon: Blunt Object	(SH)	Shield
(TD)	Control Holds: (Takedown)	(00)	Other Weapon: Other	(IR)	Less Lethal Impact Round (other)
(CE)	Chemical	(PK)	Personal Weapon: Feet/Leg: (Kick)	(SB)	Sting Ball
	Chemical Agents (OC Spray)	(PS)	Personal Weapon: Feet/Leg: (Sweep)	(ST)	Stun Bag
	Chemical Agents (Tear Gas)	(PH)	Personal Weapon (Hand/Arm)	(TR)	Таѕег
	Explosives	(PP)	Personal Weapon (Push)	(UC)	Uncooperative
,		. ,		(HR)	High Risk

Type of Injury					Body Part Involved					
(AB) Abrasion (BR) Bruise (BU) Burn (CP) Complaint of Pain (CO) Concussion (DH) Death (DI) Dislocation	(FR) (GS) (HB) (LC) (ND)	Dog Bite Fractures Gunshot Human Bite Lacerations Nerve Damage Organ Damage	(SD) (ST) (UN) (RM)	Paralysis Puncture Wound Soft Tissue Damage Sprain/Twists Unconscious Refused Med Treatment NONE	(AK)	Arm Back Buttocks	(FE) (FI) (GE) (GR) (HD)	Face Feet Fingers Genitals Groin Hands Head	(E) (EX) (LE) (ST) (ST) (ST)	Hip Internal Knees Leg Neck Nose Shoulder Wrist

FORCE USED B	Y	FORCE USED AGA	AINST	Method	Type of Injury	Body Part (Code)
Name	E# or S#	Name	E# or S#	(Code)	(Code)	
Michail Clutter	S1		E2	UC	NN	
8188	1110	1011	1664	HR	NN	
****	4980	Jim Devoe	E1	UC	NN	
1981	fepe	161	F104	HR	NN	
Jim Devoe	E1	Michail Clutter	S1	TT	NN	
1011	(10)	1999	1998	CT	FR	AR
	E2	1899	1991	TT	AB	FI
701	1111	9499	1001	CT	NN	AR
Michail Clutter	S1		E2	PK	NN	LE
****	Tan	1191	1199	RS	NN	
8901	1111	Jim Devoe	E1	PK	NN	LE
1111	1991	DH1	1111	RS	NN	
Company son C	E3	Michail Clutter	S1	CT	AB	LE
	E2	1111	ens.	RH	NN	WR
Jim Devoe	E1	1911	PHT	RH	NN	WR
	+					-